

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$2,124.00 for date of service, 09/10/01.
- b. The request was received on 03/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA-1500
 2. Medical Audit summary/EOB/TWCC 62 form
 3. Request for reconsideration to the Carrier, dated 10/23/01
 4. Preauthorization approval, dated 08/29/01
 5. Medical records
 - b. Additional documentation requested on 06/07/02; received on 06/14/02
 1. TWCC-60
 2. HCFA-1500
 3. Medical Audit summary/EOB/TWCC 62 form
 4. Request for reconsideration to the Carrier, dated 10/23/01
 5. Preauthorization approval from the Carrier, dated 08/29/01
 6. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Request for reconsideration to the Carrier, dated 10/23/01
 - e. Preauthorization approval from the Carrier, dated 08/29/01
 - f. Medical Records
 - g. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/20/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/21/02. The response from the insurance carrier was received in the Division on 07/02/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of additional information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement found in file.
2. Respondent: Letter dated 07/02/02

“The review was completed on 1/7/02, and the findings of the re-consideration for diagnostic code 353.0, documentation does not meet the criteria for the use of CPT code 15732; also reimbursement not recommended as the procedure is not documented in the report submitted.... It the [sic] carrier's position that no additional reimbursement is due to the provider based on the presented documentation of the surgical procedure performed on 9/10/01.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/10/01.
2. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$4,336.00 for services provided on the above date of service.
3. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$2,212.00 for services provided on the above date of service.
4. The Carrier's EOBs deny reimbursement as, “N-Not appropriately documented/Reimbursement not recommended as the procedure is not documented in the report submitted.” and “122-Documentation does not meet the criteria for use of this CPT code.” Additionally, the Carrier's EOB dated 01/07/02, states “890-S-Supplemental pymt/Additional Assessment”; however, there is no indication of the additional payment on the EOB.
5. Per the Requestor's Table of Disputed Services, the Requestor is seeking \$2,124.00 for services provided on the above date in dispute.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/10/01	15732	\$2,124.00	\$0.00	N	\$2,124.00	UETG (e) (2) (G); MFG CPT Descriptor	<p>The Carrier's EOBs deny reimbursement as, "N-Not appropriately documented/Reimbursement not recommended as the procedure is not documented in the report submitted."</p> <p>Pursuant to the Upper Extremity Treatment Guidelines (UETG) the Requestor is "...responsible for substantiating in their documentation the level of service for which they request reimbursement." The Requestor has submitted the operative report to support services rendered as billed in accordance with the MFG and UETG. Additional reimbursement in the amount of \$2,124.00 is recommended.</p>
Totals		\$2,124.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2,124.00 .

The above Findings and Decision are hereby issued this 18th day of September 2002.

Denise Terry, R.N.
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$2,124.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of September 2002.

Carolyn Ollar, B.A., RN
 Supervisor - Medical Dispute Resolution Officer
 Medical Review Division

CO/dt